1100027805 (Requestor's Name) (Address) 800247533708 (Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) j, õ Certified Copies Certificates of Status 5 e 14 Special Instructions to Filing Officer: ۵ Ē $\overline{\sim}$ 垩 92 60

Office Use Only

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	ACCOUNT NO.	:	12000000195
	REFERENCE	:	722855 7294749
	AUTHORIZATION	:	Spelle man
	COST LIMIT	:	\$ 25.00
ORDER DATE :	July 11, 2013		
ORDER TIME :	5:01 PM		
ORDER NO. :	722855-005		
CUSTOMER NO:	7294749		

CHANGE OF AGENT

NAME :

MANUEL VAZQUEZ SENIOR' FAMILY LLC

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

PLEASE F	CERTIFIED	FOLLOWING	AS	PROOF	OF	FILING:	SECR	2013	*****
<u>xx</u>	PLAIN STA	MPED COPY					SECRE TARY O TALLAHASSEE.	12 IS	
CONTACT	PERSON:	Susie Knigł	nt -	- EXT#	52	2956	OF STATE FLORIDA	图 28	
				EXA	MIN	JER:		50	

BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 608.416 or 608.508, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. Name of the limited liability company; MANUEL VAZQUEZ SE	NIOR' FAMILY LLC			
2. (a) Principal office address of limited liability company	1664 PROMENADE CIRCLE			
(Note: MUST BE STREET ADDRESS)	PORT ORANGE FL 32129			
(b) Mailing address of limited liability company:	1664 PROMENADE CIRCLE			
(Note: MAY BE POST OFFICE BOX)	PORT ORANGE, FL 32129			
03/07/2011	L11000027805			
3. Date of filing/registration in Florida	4. Document number			
5. (a) Registered Agent and Registered Office shown on the	he records of the Florida Dept. of State:			
Registered Agent:	MANUEL VAZQUEZ			
Registered Office Address:	1664 PROMENADE CIRCLE			
	PORT ORANGE, FL 32129			

(b) Enter name of <u>NEW Registered Agent and/or NEW Registered Office address</u>;

TEH Registered Agent.	boot and re Britisco	
NEW Registered Office Address:	444 SEABREEZE BLVD.	
(MUST BE FLORIDA STREET ADDRESS)	STE. 545	
	DAYTONA BEACH	FL 32118

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If the limited liability company is not organized under the laws of the State of Florida, it is hereby and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

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Signature of a metaber of	authorized repr	esentative of a me	mber		
1					
MANUEL VAZQUEZ					

NEW Pagistared Agents

Printed or typed name of signee

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statules relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 600, F.S. Or of this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

Signature of Registered Agent

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 FILING FEE: \$25.00

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